

Focus | The Sudan crisis, 2024–2025

In late 2024 – 20 months after the start of the devastating conflict – the Sudan had become one of the most severe food crises in GRFC and IPC history, with widespread destitution and a major surge in acute malnutrition.

The most severe conditions were found in areas heavily affected by fighting – Al Jazirah, Greater Darfur, Khartoum, Greater Kordofan, South Kordofan and Sennar – and where conflict-displaced people have congregated.

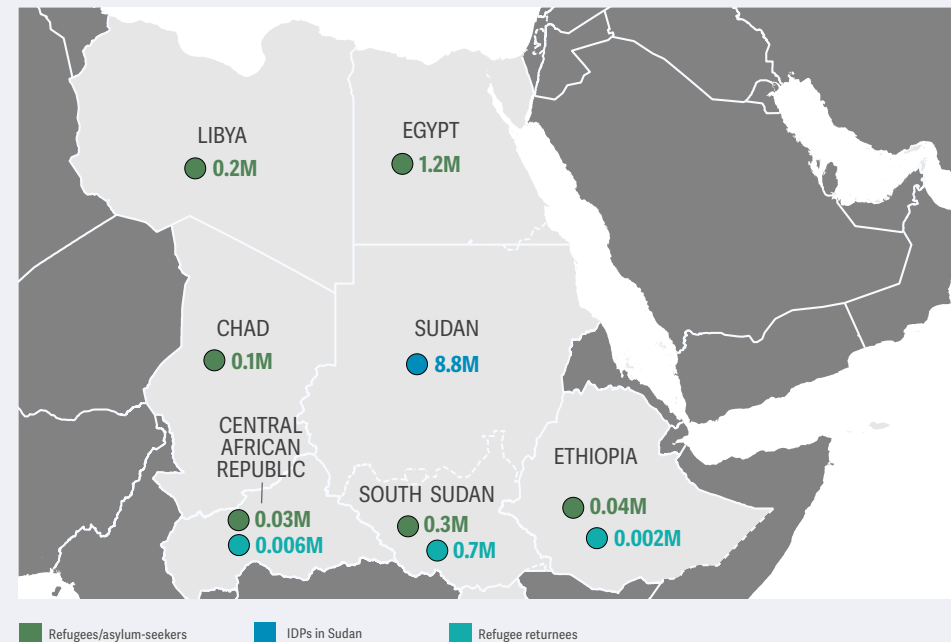
Since being detected in Zamzam IDP camp in July 2024, Famine (IPC Phase 5) expanded in October–November 2024 to two other camps in North Darfur, and to the Western Nuba Mountains in South and West Kordofan state. As of December 2024–May 2025, it is projected in five additional areas (Um Kaddah, Melit, El Fasher, At Tawisha and Al Lait localities) in North Darfur. Seventeen other areas are projected at risk of Famine in the Central Nuba Mountains and North and South Darfur (IPC FRC, July and December 2024).¹ Only two other countries, both in East Africa, have had Famines confirmed in the last 15 years – Somalia in 2011 and South Sudan in 2017 and 2020 (IPC, October 2024).

How has the conflict led to such catastrophic levels of acute food insecurity and malnutrition?

Disruption of agricultural systems

Nearly two-thirds of the Sudanese population depend on agriculture. Conflict and mass displacement have resulted in abandoned or devastated farmland and infrastructure, significantly disrupting local food production. During the first year of the conflict – the 2023/24 season – production of primary crops

MAP 2.3 Number of people forcibly displaced since the start of the conflict in the Sudan in April 2023



Source: UNHCR Nowcasted estimates, December 2024; IOM, 2024.

(sorghum, millet and wheat) was 46 percent below the previous year. This production loss could have fed approximately 18 million people for a single year and represented an economic loss of USD 1.3–1.7 billion (FAO, January 2025).

In 2024, cereal production was again estimated to be significantly below the five-year average as hostilities expanded to southeastern key producing areas, particularly Al Jazirah, Sennar, White Nile and Blue Nile states, displacing farmers and restricting access to fields. In areas where farming could continue, insufficient availability and high prices of key agricultural inputs, including fuel, seeds, fertilizers and pesticides, constrained

yields, while abundant June–September seasonal rains triggered widespread floods, resulting in significant crop losses (FAO-GIEWS, August 2024).

The emergence of plant pests and diseases, including a desert locust outbreak in northern Sudan, is a source of concern (FAO, February 2025). Concurrently, the conflict has caused a near-total collapse of veterinary services and a severe vaccine shortage. Frequent violent clashes in the Sudan's economic centre, Khartoum, have brought the majority of the country's agriprocessing operations to a standstill. A drop in demand disrupted small-scale and commercial agricultural activities (ACAPS, August 2024).

Economic collapse

The conflict has deeply affected the Sudan's economy, with halted exports, a significantly devalued national currency and sharply declining public revenues. The heightened demand for imported goods due to lack of domestic production (such as food, medicine and fuel) has aggravated the foreign exchange crisis. Limited or no access to banking services has led to widespread cash shortages throughout the country, with people mostly relying on remittances, which have greatly increased (ACAPS, August 2024).

The Sudan has faced a major economic crisis since 2019, with soaring annual inflation reaching 359 percent in 2021 (IMF, accessed January 2025). As of October 2024, prices of sorghum and millet were on average six times higher than their respective very high pre-conflict levels in March 2023 (FAO FPMA tool, December 2024). Very high prices in the markets also reflect the considerable risks taken by local traders to keep markets stocked (IPC FRC, December 2024). IMF data indicate that the Sudan's inflation rate was 200 percent in 2024 (IMF, accessed January 2025).

More than half (55.7 percent) of the Sudan's population is unemployed (IMF, accessed 5 January 2025). The 2024 Sudan Urban Household Survey, conducted between May and July 2024, found that the proportion of urban households with full-time wage earners was half pre-conflict levels. Many households have shifted to self-employment, a means of income generation that is often less stable. The proportion of urban heads of household with no employment or income rose from 1.6 percent pre-conflict to 18 percent (UNDP and IFPRI, 2024).

Unprecedented mass internal displacement

With 11.6 million IDPs by the end of 2024 – over 8.7 million since April 2023 – the Sudan faces the

¹ The Government of Sudan did not endorse this analysis.

world's worst internal displacement crisis, which has increased competition for resources and weakened socioeconomic structures, intensifying the pressure on available food sources and services.

From May 2024, escalation of fighting forced nearly 300 000 people to flee conflict-affected and partially besieged neighbourhoods of El Fasher town. Most sought refuge in Zamzam camp, whose population expanded to at least 500 000 people and where Famine was first detected in July 2024. The 2024 escalation of hostilities in Al Jazirah also led to widespread displacement, with nearly 400 000 people displaced since mid-October 2024 (IPC FRC, December 2024).

IDPs in the Sudan face dire levels of acute food insecurity. Around 77 percent of displaced households did not have sufficient sources of income. Food was unaffordable for 90 percent of them (IPC FRC, December 2024).

Refugee camps in the country continue to receive displaced people, both from neighbouring countries and from within the Sudan, where many have been displaced multiple times by the conflict. This growing population is straining already limited resources. Poor water and sanitary conditions and risky hygienic practices contributed to a cholera outbreak from August 2024 in areas hosting refugees and IDPs (UNHCR Global Appeal, 2025).

Severe humanitarian access restrictions

Despite the dire warnings, the vast majority of Sudanese who desperately need food aid and nutrition services are not getting it.

Humanitarian access across many areas is highly restricted. Bureaucratic requirements and approval processes imposed by the parties to the conflict severely limit both the reach and scale of humanitarian efforts. Checkpoints, trans-shipment of goods across borders and the very poor condition of roads make the logistics chain tortuous, expensive and inflexible, hindering the free flow of goods and food into Greater Darfur and Greater Kordofan, as well as Khartoum and

Al Jazeera. Only a few humanitarian actors are capable of operating in such precarious conditions (IPC FRC, December 2024).

Most of the areas under review of the FRC received minimal or limited humanitarian food security assistance in the last few months of 2024. Some areas of the Western Nuba Mountains were completely cut off from both humanitarian assistance and markets. In the areas under review, on average only 10 percent of the population received food assistance in the last quarter of 2024 (IPC FRC, December 2024).

Some improvement in humanitarian access had appeared in late 2024, with West Kordofan reached for the first time since the conflict began. Attempts at scaling up digital transfers were likely to provide some alleviation, though these were challenged by an unstable digital network and only available to those with an internet connection or who could pay fees to middlemen who had one (IPC FRC, December 2024).

However, the crisis escalated further in April 2025, with attacks on El Fasher, the capital of North Darfur, and nearby Zamzam and Abu Shouk displacement camps, areas already classified in Famine. This led to a mass wave of displacement, pushing hundreds of thousands of people into precarious conditions far from lifesaving aid, as overstretched operations struggled to keep pace with the growing emergency, and IDPs and humanitarian personnel were attacked (OCHCR, April 2025).

A dire and worsening acute malnutrition crisis

Even before the current conflict, acute malnutrition in the Sudan was among the worst in the world, with a GAM prevalence of 13.6 percent nationally among children aged 6–59 months. Results of the nutrition vulnerability assessment (NVA) showed that high levels of acute food insecurity, lack of access to drinking water and sanitation facilities, increased risks of communicable diseases, and severe restricted humanitarian access were contributing to the rapid deterioration of the nutrition situation (NVA, May 2024).

What is hampering humanitarian food security assistance?



Conflict

Increased difficulty accessing areas under active conflict, particularly in Khartoum, Sennar, Al Jazirah and North Darfur, due to volatile security and restricted movement.



Border crossings

Closure of seven out of 15 cross-border points, with Aweil the most critical to access South and East Darfur and Kordofan.



Bureaucratic hurdles

Persistent bureaucratic impediments delay the movement of humanitarian goods and personnel, with clearances taking up to three months.



Infrastructure damage

Severe infrastructural damage from the worst floods in 40 years, making critical bridges unusable and impeding aid delivery.

Source: FRC, December 2024.

The conflict has severely exacerbated pre-existing vulnerabilities – by disrupting food production and access, reducing essential nutrition and health services, and worsening child-feeding and care practices.

As of June 2024, about 80 percent of hospitals in the most conflict-affected areas and 45 percent of health facilities in five states were not functional, and the remaining ones were overwhelmed with people seeking care. In areas like Zamzam IDP camp, the displacement of medical staff and the interruption of aid operations have left vulnerable populations without lifesaving care and nutrition programmes (ACAPS, January 2025).

National vaccination coverage plummeted from 85 percent to around 50 percent, increasing vulnerability to disease outbreaks, including measles. In active conflict zones vaccination rates were averaging 30 percent (WHO, August 2024). Children under 5 years old are particularly affected by diarrhoeal diseases, fevers and respiratory infections. Water and sanitation systems are at breaking point, compounding the disease risks (HNO 2025, December 2024). Insufficient access to

safe water and sanitation facilities, compounded by the effects of heavy rains and flooding from August to September 2024, were the primary drivers of a cholera outbreak that was declared in August 2024 in Gedaref, Kassala and River Nile states. By December, the outbreak had spread to 11 out of 18 states with a case fatality rate of 2.6 percent, well above the WHO acceptable standard of under 1 percent (General Directorate of Health Emergencies & Epidemics Control, accessed 18 December 2024; WHO, December 2022).

SMART surveys conducted throughout the year in accessible areas confirmed the deterioration of the nutrition situation across the country. GAM prevalence was at Critical levels (15–29.9 percent) in 29 localities out of the 40 assessed in 10 states. Notably, three areas in North Darfur (Al Lait, At Tawisha and Um Kadadah) recorded GAM prevalence at 30 percent or above, reaching the Famine threshold (SMART 2024). Acute malnutrition in women aged 15–44 years was also widespread, as high as 44 percent in North Darfur, South and West Kordofan. Since the

start of the conflict in April 2023, mortality rates have been high in the country. Besides deaths directly attributed to conflict, severe disruption to the health and WASH systems, high acute food insecurity and disease outbreaks are all expected to have contributed to higher risk of indirect mortality. In December 2024, the FRC concluded that the crude death ratio (CDR) for Famine threshold was exceeded in Zamzam, Abu Shouk and Al Salam camps (IPC FRC, December 2024).²

A crisis beyond the country's borders

By the end of 2024, 3 million people had fled to neighbouring countries of the Central African Republic, Chad, Egypt, Ethiopia, Libya, South Sudan and Uganda, with Chad and Egypt receiving the largest numbers. Refugees arrive exhausted, traumatized, hungry and with dire nutrition status in areas that are ill-equipped to provide for their needs (UNHCR, 2024).

Refugees continue to face limited access to food, shelter and non-food items, with overcrowded transit centres and settlements exacerbating protection risks, particularly for women and girls. Refugees face difficulty finding employment and income-generating opportunities, with high inflation worsening food access. Refugee camps and settlements are severely overcrowded, compromising basic services such as water and sanitation (UNHCR, December 2024).

The desperate situation for refugees in Chad

Before the latest conflict in the Sudan, Chad was already providing refuge to more than 1 million people from different countries, 400 000 of whom were Sudanese refugees who had fled the previous Darfur war a decade earlier.

Between April 2023 and the end of 2024, an estimated 700 000 crossed the border, bringing the total Sudanese refugee population in Chad to over 1.1 million (UNHCR, December 2024).

More than 200 000 refugees are living in dire



Living conditions are dire in Sudan's famine-struck Zamzam IDP camp. The camp hosts around half a million people and is only 13 km away from the embattled city of El Fasher.

conditions in spontaneous sites along the border (UNHCR, December 2024). These areas, close to the Sahara Desert, face extreme water scarcity and people wait in lines for water brought in by trucks. Some dig in dry riverbeds in search of water (NRC, February 2024).

The population of Adré, a small border town by Darfur and the main crossing point for people fleeing, has increased sevenfold to host 230 000 Sudanese refugees, many of whom spend months in harsh conditions, waiting to be relocated inland. Refugee camps are full and the only homes available to refugees are makeshift shelters (NRC, February 2024; UNHCR, November 2024).

The healthcare system is threadbare, with only one doctor for 24 000 patients – far surpassing the emergency standard of one per 10 000 people (UNHCR, November 2024). Delivering humanitarian aid, including essential health kits, to address acute need remains challenging due

to limited access to hard-to-reach areas through the Adré border (WHO, September 2024). Alarming rates of malnutrition were accompanied by a surge in malaria cases in refugee camps, an increase in cases of measles, acute respiratory infections and acute watery diarrhoea, all heightening the risk of cholera outbreaks (UNHCR, 2024).

Regarding acute malnutrition, from June to September 2024, out of 31 refugee areas analysed in Chad (25 camps and six host villages) 17 were classified in Serious or worse (IPC AMN Phase 3 or above), of which five were in Critical (IPC AMN Phase 4). In total, 58 100 refugee children aged 6–59 months needed treatment for acute malnutrition in 2024, of whom 7 200 had severe acute malnutrition (IPC, May 2024).

The plight of returnees in South Sudan

As of October 2024, Northern and Western Bahr el Ghazal, Unity and Upper Nile states in South Sudan had officially received over 800 000 returnees,

refugees and asylum-seekers from the Sudan. However, these figures are widely regarded as undercounts, as the growing use of informal entry points – to avoid using unsafe established routes – has complicated efforts to track new arrivals. Findings suggest that gaps in monitoring have left many South Sudanese returnees – who comprise the large majority of arrivals – without humanitarian assistance since their initial displacement (REACH, October 2024).

Soaring prices of food and basic commodities, previously imported from the Sudan, limited food access, particularly for households reliant on seasonal labour opportunities in the Sudan. From June, severe flooding inundated swathes of cropland, destroying critical infrastructure, displacing tens of thousands of people and posing risks to public health and livelihoods. Poor agricultural production may trigger an atypically early onset of the 2025 lean season and could worsen already critical rates of acute malnutrition (REACH, October 2024).

Between April and July 2024, 210 000 returnees, or 75 percent of the returnee population, were expected to face high levels of acute food insecurity. Of them, 28 000 were in Catastrophe (IPC Phase 5) (IPC, November 2023). The number of refugees and the severity of their acute food insecurity is projected to increase further in 2025, with 535 000 or 85 percent of them facing high levels of acute food insecurity during the April–July lean season, of whom 31 000 will be in Catastrophe (IPC Phase 5) (IPC, November 2023 and 2024).

Findings from quarterly nutrition screenings at the transit centre in Renk in 2024 showed consistently Critical proportions of children with acute malnutrition ranging from 23 to 28 percent for both refugees and South Sudanese returnees.